



CITY OF WHEATLAND

111 C Street, Wheatland, CA 95692

Phone: 530-633-2761 Fax: 530-633-9102

CONSTRUCTION PERMIT APPLICATION

#1 IDENTIFY YOUR BUILDING PROJECT

Property Location or Address: _____

This permit is to be issued in the name of the () Licensed Contractor or () the Property Owner as the permit holder of record who will be responsible and liable for the construction.

Property Owner Information:

Name: _____ Tel No.: _____

Mailing Address: _____

Licensed Design Professional (Architect or engineer in charge of the project) Information:

Name: _____ Tel No.: _____

Mailing Address: _____

Description and Valuation of work to be performed: _____

#2 IDENTIFY WHO WILL PERFORM THE WORK (COMPLETE either 2a or 2b)

2a- CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect

Contractor Name: _____

Contractor Address & Phone #: _____

License Class and No.: _____

Contractor Signature: _____

2b-OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have place next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the application for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

() **I, as owner of the property, or my employees with wages as their sole compensation, will do () all of or () portions of the work**, as the structure is no intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort,

builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvements is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose for sale.)

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.)

I am exempt from licensure under the Contractors' State Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one (1) year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: www.leginfo.ca.gov/calaw.html.

Property Owner or Authorized Agent signature: _____ Date: _____

#3 IDENTIFY WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UPTO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure of workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number: _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy No.: _____ Expiration Date: _____

Name of Agent: _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ and person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code)

Lender's Name and Address: _____

#4 DECLARATION BY CONSTRUCTION PERMITS APPLICATION

By my signature below, I certify to each of the following:

I am a California licensed contractor or the property owner* or authorized to act on the property owner's behalf.**

I have read this construction permit application and the information I have provided is correct.

I agree to comply with all the applicable city and county ordinances and state laws relating to building construction.

I authorize representative of this city or county to enter the above –identified property for inspection purpose.

California Licensed Contractor, Property Owner* or Authorized Agent**

* requires separate verification form

** requires separate authorization form

Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Contact name: _____ Phone Number: _____

Email Address: _____